

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10-805-667**
APPLICANT(S)

FILING DATE **03-18-04**

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5		4				
6		4				
7		4				
8		4				
9		4				
10		4				
11		4				
12	1					
13	1					
14	1					
15		3				
16		3				
17		3				
18		3				
19		3				
20	1					
21	1					
22	1					
23		1				
24		1				
25		1				
26	1					
27		1				
28		1				
29		1				
30	1					
31		1				
32		1				
33		1				
34	1					
35		1				
36		1				
37		1				
38	1					
39		1				
40		1				
41	1					
42		1				
43		1				
44	1					
45		1				
46		1				
47	1					
48		1				
49		1				
50	1					
TOTAL IND.	1		1		1	
TOTAL DEP.	1		1		1	
TOTAL CLAIMS	2		2		2	

	IND	DEP	IND	DEP	IND	DEP
51		1				
52	1					
53		1				
54	1					
55		1				
56	1					
57		1				
58						
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90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	21		21		21	
TOTAL DEP.	67		67		67	
TOTAL CLAIMS	88		88		88	